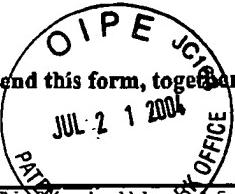


PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
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23914 7590 04/23/2004

STEPHEN B. DAVIS
 BRISTOL-MYERS SQUIBB COMPANY
 PATENT DEPARTMENT
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| | |
|----------------------|--------------------|
| Deanna L. Baxam | (Depositor's name) |
| <i>[Signature]</i> | (Signature) |
| <i>July 21, 2004</i> | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/092,263 | 03/06/2002 | Ramesh Patel | CT2657 NP | 9271 |

TITLE OF INVENTION: STEREOSELECTIVE REDUCTION OF SUBSTITUTED ACETOPHENONE

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO | \$1330 | \$300 | \$1630 | 07/23/2004 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|--------------------|----------|----------------|
| BEISNER, WILLIAM H | 1744 | 435-280000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Deanna L. Baxam

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Bristol-Myers Squibb Co.

Princeton, NJ

Please check the appropriate assignee category or categories (will not be printed on the patent): individual corporation or other private group entity government

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| 03 FC:8001 | 30.00 DA |



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NO. 741 P.1

Bristol-Myers Squibb Company

Worldwide Medicines Group
P.O. Box 4000 Princeton, NJ 08543-4000

DATE: July 21, 2004

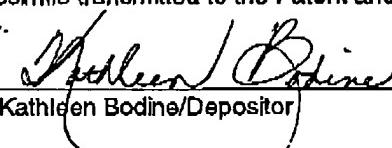
FACSIMILE TRANSMITTAL COVER SHEET

URGENT

TO: Issue Fee Branch
FAX: 1-703-746-4000
OF PAGES: 3 (INCLUDING FAX TRANSMITTAL SHEET)
FROM: Deanna L. Baxam
FAX #: (609) 252-4526
PHONE #: (609) 252-4014
RE: U.S. Appln. Serial No.: 10/092,263 Filed: 3/6/2002
Attorney Docket No. CT2657 NP

CERTIFICATE OF TRANSMISSION VIA FACSIMILE

I hereby certify that this correspondence a 1) Issue Fee Transmittal (1 page) and 2) "Fee Address" Indication Form (1 page) are being facsimile transmitted to the Patent and Trademark Office fax number 703-746-4000 on July 21, 2004.



Kathleen Bodine/Depositor

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